Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 4.22-C Page 1 OMB No.:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Kansas	
Citation	Condition or Requirement	
1906 of the Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans	

Not Applicable

TN No. MS-91-47
Supersedes Approval Date FEB 1 9 1992

TN No. Nothing HCFA ID: 7985E